

Institutional Levels of Care

Children's Long Term Support Programs In Wisconsin



**Wisconsin Department of Health Services
Division of Long Term Care
Bureau of Long Term Support
Madison, WI
Updated February 2011**

Table of Contents

INTERMEDIATE CARE FACILITY (ICF/MR) LEVEL OF CARE	3
COGNITIVE DISABILITY	3
SUBSTANTIAL FUNCTIONAL LIMITATIONS	5
ACTIVE TREATMENT	7
PSYCHIATRIC HOSPITAL LEVEL OF CARE	8
DIAGNOSIS	8
DURATION	10
INVOLVEMENT WITH SERVICE SYSTEMS	10
SEVERE SYMPTOMOLOGY OR DANGEROUS BEHAVIORS	13
Standard I: Psychotic symptoms	13
Standard II: Suicidality	13
Standard III: Violence	13
Standard IV: Anorexia/Bulimia	13
Standard V: Multiple Dangerous Behaviors	17
Standard VI: Dangerous Behavior PLUS Substantial Social Competency Impairment.....	18
Standard VII: Rare and Extreme Circumstances PLUS Dangerous Behavior OR Substantial Social Competency Impairment	19
NURSING HOME LEVEL OF CARE	22
DIAGNOSIS	22
SKILLED NURSING INTERVENTIONS AND/OR SUBSTANTIAL FUNCTIONAL LIMITATIONS	23
STANDARD I: Skilled Nursing Interventions PLUS Substantial Functional Limitations	23
STANDARD II: Substantial Functional Limitations	26
EXCEPTIONAL CIRCUMSTANCES CRITERIA	28
HOSPITAL LEVEL OF CARE	29
FREQUENT AND COMPLEX MEDICAL CARE	29
DURATION	30
CONTINUOUS ASSESSMENT OF UNSTABLE AND LIFE-THREATENNG CONDITION	30
APPENDIX A: SOCIAL COMPETENCY	32
APPENDIX B: ACTIVITIES IN DAILY LIVING - SUBSTANTIAL FUNCTIONAL LIMITATIONS	35

INTERMEDIATE CARE FACILITY (ICF/MR) LEVEL OF CARE
Developmental Disabilities (DD)

A child with an ICF/MR - Developmental Disability (DD) Level of Care has a permanent cognitive disability, substantial functional limitations and a need for active treatment. The level of care criteria is based upon the child having needs similar to people in an intermediate care facility for children with mental retardation (ICF/MR). *The intensity and frequency of required interventions to meet the child's functional limitations must be so substantial that without the intervention, the child is at risk for institutionalization within an ICF/MR.*

A child may be assigned this level of care if the child meets **ALL THREE of the criteria listed below** for Developmental Disability. The criteria are:

1. The child has a diagnosis of a **Cognitive Disability** that substantially impairs learning and that is expected to continue indefinitely; and
2. The child demonstrates **Substantial Functional Limitations** when compared to age appropriate activities that are expected to last a year or longer; and
3. The child has the **Need for Active Treatment**.

1. COGNITIVE DISABILITY

The child has a diagnosed Cognitive Disability that substantially impairs learning and that is expected to continue indefinitely. The child has a diagnosis that meets **BOTH** of the following:

- A. The child must have a diagnosis of Cognitive Disability (i.e. Mental Retardation) or a similar diagnosis that substantially impairs learning.

The following diagnostic categories are considered diagnoses similar to Cognitive Disability or Mental Retardation for purposes of Criterion 1:

Autism Spectrum Disorders	Genetic or Chromosomal Disorders
Brain Injury or Brain Damage	Metabolic Disorders
Cerebral Palsy	Prader Willi Syndrome
Developmental Delay	Rett's Syndrome
Down Syndrome	Seizure Disorder
Endocrine Disorders	Spina Bifida
Fetal Alcohol Syndrome/Effects	Tuberous Sclerosis

AND

- B. The diagnosis must have resulted in the child having **substantial learning impairments** as measured by **ONE** of the following:

1. A 30% (25% if the child is under one year of age) or greater delay in aggregate intellectual functioning, based on valid, standardized and norm referenced measures of aggregate intellectual functioning; OR

2. A score of at least 2 (1.5 if the child is under one year of age) standard deviations below the mean on valid, standardized and norm referenced measures of aggregate intellectual functioning.

The cognitive disability criterion is not met solely based on diagnosis, but must result in a substantial learning impairment as defined above. For example, children with Autism Spectrum Disorders, Cerebral Palsy or Spina Bifida without a substantial learning impairment do not meet the ICF/MR LOC. They may be evaluated against the Nursing Home level of care screen in the case of a child with Cerebral Palsy or Spina Bifida, or the Psychiatric Hospital level of care screen in the case of a child with an Autism Spectrum Disorder.

For example, children who would MEET Criterion 1- Cognitive Disability:

- A 12-year-old child with Down Syndrome and a full scale IQ of 56. *This child has a diagnosis similar to a Cognitive Disability and a substantial impairment in learning, based on an IQ of 56 on the Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV), a valid, standardized and norm referenced measure of aggregate intellectual functioning, and therefore meets Criterion 1.*
- A 2-year-old child diagnosed with global developmental delays who has a 30% delay in cognitive development based on valid, norm referenced Birth-3 testing. *This child has a diagnosis similar to a Cognitive Disability and has a measured substantial impairment in learning and therefore meets Criterion 1.*

For example, children who would NOT MEET Criterion 1- Cognitive Disability:

- A child diagnosed with Tuberous Sclerosis who cognitively is at age level. *This child would not meet the Cognitive Disability Criterion even though he has a diagnosis that might result in substantial learning impairments in the future.*
- A child whose school testing shows evidence of learning disabilities that require a more structured educational environment plus other special modifications to address the child's individual learning style. The child continues to reason, problem-solve, and learn at a reasonable functional level even though she is behind same aged peers. *This child's functional limitations with regard to cognitive capacity do not demonstrate substantial impairments in learning and therefore this child would not meet Criterion 1.*

*The Cognitive Disability Criterion must be met before considering Criterion 2: Substantial Functional Limitations. If the Cognitive Disability Criterion is not met, the reviewer **must stop here**, but may consider levels of care other than ICF/MR (DD), if appropriate.*

2. SUBSTANTIAL FUNCTIONAL LIMITATIONS

The child demonstrates substantial functional limitations **when compared to the child's age group** and each limitation must be expected to last **at least 12 months** from the date of review. These limitations must be the direct result of the child's cognitive disability or similar diagnosis from Criterion 1, and must place the child at risk of institutionalization in an ICF/MR in the absence of extensive, consistent, and direct adult intervention to assist the child in overcoming the limitations, significantly beyond the level of intervention similar aged peers typically require.

The child must demonstrate substantial functional limitations in **ONE** or more of the following developmental domains:

1. **Communication:** A substantial functional limitation in communication is defined as a 30% (25% if under one year) or greater delay or a standard score of 2 (1.5 if under one year) or more standard deviations below the mean on valid, standardized and norm referenced measures of BOTH expressive and receptive communication functioning.

OR

2. **Social Competency:** Refer to APPENDIX A. This Appendix lists deficits in social skills by age groups that demonstrate a substantial functional limitation in social competency.

OR

3. **Activities of Daily Living:** Refer to APPENDIX B. This Appendix describes the degree of deficit a child **must** demonstrate in activities of daily living to meet a substantial functional limitation based on the child's age. One of the following requirements must be met:

For children under 5 years of age, such a degree of deficit must be evidenced in at least **ONE** of the following seven activities of daily living.

- | | | |
|-------------|--------------|--------------|
| a) Bathing | d) Toileting | f) Mobility |
| b) Grooming | e) Eating | g) Transfers |
| c) Dressing | | |

For children 5 years of age or older, such a degree of deficit must be evidenced in at least **TWO** of the following six activities of daily living categories.

- | | |
|--------------------------|------------------------------|
| a) Bathing or Grooming | e) Meal Preparation |
| b) Dressing or Toileting | (18 years old or older only) |
| c) Eating | f) Money Management |
| d) Mobility or Transfers | (18 years old or older only) |

NOTE: If the child is able to use adaptive aids or receives therapy to achieve or maintain an age-appropriate level of functioning, the child is not considered to have a substantial functional limitation. Although a child may be slower in attaining certain skills or have some limitations in function, it is not considered a substantial functional limitation unless the child consistently requires hands on assistance or intervention.

For example, children who would MEET Criterion 2 – Substantial Functional Limitations (within the allowable developmental domains):

Communication:

- An 8-year-old child completed the Clinical Evaluation of Language Fundamentals (CELF-IV) last year with a score of 3.0 standard deviations below the norm in expressive language and 2.5 standard deviations below the norm in receptive language skills.

Social Competency (Refer to APPENDIX A):

- A 15-year-old child is unable to make any decisions about her own interests or activities without direction from her parents.
- An 11-year-old child cannot control his temper in disagreements with peers.

Activities of Daily Living (Refer to APPENDIX B):

- An 18-month-old child is unable to sit independently and must be bathed using an adaptive bath chair.
- A 6-year-old child is consistently incontinent during the day and needs physical assistance with getting his clothing on and off.

For example, children who would NOT MEET Criterion 2 – Substantial Functional Limitations (within the allowable developmental domains):

Communication:

- An 8-year-old child whose testing shows a substantial limitation in speech and language skills, such as articulation problems or poor use of grammar and vocabulary, but the child is capable of expressing ideas and needs, and understands others.

Social Competency (Refer to APPENDIX A):

- A 4-year-old child is still learning how to take turns and sometimes can tell when a friend is hurt.
- A 15-year-old child understands the risks associated with staying out all night, but does so anyway despite parental warnings and interventions.

Activities of Daily Living (Refer to APPENDIX B):

- A 9-month-old child is bathed in an infant tub.
- A 5-year-old child needs minimal assistance, cueing, and direct monitoring to thoroughly complete grooming tasks such as brushing his teeth and washing his face and hands.
- A 12-year-old child can feed herself independently once her food is prepared for her, including cutting it into bite size pieces.
- A 15-year-old child needs assistance with buttons, snaps, zippers, or with tying their shoes.

*The Cognitive Disability AND the Substantial Functional Limitations Criteria must be met before considering Criterion 3: Active Treatment. If Criterion 2 is not met, the reviewer **must stop here** but may consider levels of care other than ICF/MR, if appropriate.*

3. ACTIVE TREATMENT

The child must be in need of active treatment, which are the services an ICF/MR facility must provide under federal law. To meet this criterion a child must require a continuous active treatment program that includes aggressive, consistent implementation of training, therapies, health and related services designed to address the child's substantial functional limitations resulting from her/his cognitive deficits to achieve:

- The acquisition of the skills and behaviors necessary for the child to function with as much self determination and independence as possible; and
- The prevention of deceleration, regression, or loss of optimal functional status.

For treatment to be categorized as active it must be needed on a continuous and pervasive basis throughout the child's daily routines in home, school and community. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

In summary, the child must need or be receiving planned and coordinated assistance that is individualized, intensive, interdisciplinary, implemented across environments, of extended duration, and relevant to the developmental stages associated with the child's age.

If Criteria 1, 2, and 3 above are ALL met, the child meets the ICF/MR (Developmental Disabilities) level of care.

PSYCHIATRIC HOSPITAL LEVEL OF CARE
Severe Emotional Disturbance (SED)

The child with a Psychiatric Hospital - Severe Emotional Disturbance (SED) Level of Care has a long-term, severe mental health condition diagnosed by a licensed psychologist or psychiatrist. In addition, this child demonstrates persistent behaviors that create a danger to self or others, requiring ongoing therapeutic support in order to be able to live at home and in the community. *The intensity and frequency of the required ongoing therapeutic support must be so substantial that without the support the child is at risk of inpatient psychiatric hospitalization.*

A child may be assigned this level of care if the child meets **ALL FOUR of the criteria listed below** for Severe Emotional Disturbance. The criteria are:

1. The child has a **Diagnosis** of a mental health condition; and
2. The child's mental health diagnosis or symptoms related to the diagnosis have existed and are expected to persist for a specific **Duration** of time; and
3. The child is in need of **Involvement with Service Systems** related to mental health support; and
4. The child exhibits **Severe Symptomology or Dangerous Behaviors** at a specific intensity and frequency of required interventions such that without this direct, daily community-based intervention, the child is at risk for institutionalization within a psychiatric hospital.

1. DIAGNOSIS

The child has a diagnosis that meets **ALL** of the following:

- A. Is currently diagnosed with at least one of the specific mental health diagnoses listed below by a licensed psychologist or psychiatrist for whom diagnosing the particular mental health disorder is appropriate to their specialization and within the scope of their training and practice.

AND

- B. The mental health diagnosis must be made through a process of standardized testing, using a norm-referenced tool, or a thorough professional assessment of the child's symptoms based upon professionally accepted diagnostic standards and methods.

AND

- C. The diagnosis must have resulted in the child having needs that must be addressed through long-term support services and that are the direct focus of a mental health home and community-based treatment plan for this child.

The following diagnostic categories under the classification system in the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R)* are considered:

Acute Stress Disorder	Mood Disorders
Anti-Social Personality Disorder	Obsessive-Compulsive Disorder
Anxiety Disorders	Oppositional Defiant Disorder
Asperger's Syndrome (299.80 only)	Personality Disorders
Attention-Deficit Disorders	Pervasive Developmental Disorder (299.80 only)
Autism or Autism Spectrum Disorders (299.00 & 299.10 only)	Post-Traumatic Stress
Bipolar Disorder	Psychotic Disorders
Body Dysmorphic Disorder	Reactive Attachment Disorder
Conduct Disorder	Schizophrenia
Depersonalization Disorder	Sexual and Gender Identity Disorders
Depression	Somatoform Disorders
Disruptive Behavior Disorders	Stereotypic Movement Disorder
Dissociative Disorders	Substance-Related Disorders inc. Alcohol Abuse (not to include caffeine or nicotine addictions)
Dysthymic Disorders	Tourette's Syndrome
Eating Disorders	
Hypochondriasis	
Impulse-Control Disorder	

For example, children who would MEET Criterion 1- Diagnosis:

- A child has a diagnosis of Bipolar Disorder diagnosed by a psychiatrist following a thorough psychiatric assessment that resulted in a comprehensive mental health focused treatment plan.
- A child diagnosed with Autism by his psychiatrist. His doctor administered the Autism Diagnostic Observation Scale (ADOS) and the Childhood Autism Ratings Scale (CARS). The doctor states that he needs 35 hours per week of intensive in-home treatment services for children with Autism.

For example, children who would NOT MEET Criterion 1- Diagnosis:

- A child has a presenting diagnosis of Spinal Muscular Atrophy and is seeing a psychologist to address the emotional aspects of dealing with her long-term physical disability. She has a non-presenting, or secondary diagnosis of Depression.
- A child is on medication that is typically prescribed for children with Attention Deficit Hyperactive Disorder (ADHD), but no formal diagnosis has been made.

*The Diagnosis Criterion must be met before considering Criterion 2: Duration. If the Diagnosis Criterion is not met, the reviewer **must stop here**, but may consider levels of care other than Psychiatric Hospital, if appropriate.*

2. DURATION

The child has the required clinical mental health diagnosis from Criterion 1 and that diagnosis or the symptoms related to that diagnosis must meet **BOTH** of the following:

A. The diagnosis or symptoms have persisted for *at least six months*.

AND

B. The diagnosis or symptoms may reasonably be expected to persist for **one year or longer**. The diagnosing professional must satisfactorily explain the reasons for his or her expectation that the diagnosis or symptoms will persist for one year or longer.

For example, a child who would MEET Criterion 2 - Duration:

- A child has a long history of mental health symptoms, and has been receiving support from a psychologist for over a year with the reasonable expectation of requiring continued care for many years. This child was diagnosed with an Anxiety Disorder two months ago. *Although the diagnosis is relatively new, the child demonstrated symptoms for over six months.*

For example, a child who would NOT MEET Criterion 2 - Duration:

- A child had her first psychotic break last month, was hospitalized, and given a tentative diagnosis of Reactive Attachment Disorder. Prior to this hospitalization she was not exhibiting significant mental health symptoms and was not involved with professionals in the mental health field.

*The Diagnosis AND the Duration Criteria must be met before considering Criterion 3: Involvement with Service Systems. If Criterion 2 is not met, the reviewer **must stop here**, but may consider levels of care other than Psychiatric Hospital, if appropriate.*

3. INVOLVEMENT WITH SERVICE SYSTEMS

The child must meet **ONE** of the following:

A. The child must currently receive or require services in connection with his or her mental health diagnosis (or symptoms) from at least **TWO** of the following five listed Service Systems.

OR

B. The child must currently receive or require services in connection with his or her mental health diagnosis (or symptoms) from only **ONE** of the following five listed Service Systems, if the intensity of that service is or reasonably may be expected to be **THREE hours or more per week**.

Definition of *require*: *Require* is based on the qualified, treating professional's recommendation that a specific service is essential to address the child's identified mental health need. The professional recommendation must be made within the past year. It cannot be solely based on parental desire for services. Most children who *require* these services will be receiving them, but on occasion a parent or child cannot, or will not, participate in recommended services or the recommended services are not available. If the parent or child has refused to access recommended services for over 12 months, then this recommendation is no longer valid.

Service Systems:

1. **Mental Health Services** – These services include psychotherapy, psychiatric hospitalization, community-based day treatment programs and intensive in-home treatment for children with Autism Spectrum Disorders.

The use of psychiatric medications is not considered a mental health service. However, a visit to a psychiatrist on a regular basis for the prescription and monitoring of these medications is considered a mental health service.

Programs dedicated to substance abuse treatment only are excluded as this type of program is captured below.

2. **Child Protective Services** – Formal ongoing involvement with the child welfare system.
3. **Criminal Justice System** - Includes Juvenile and Adult Justice Systems.
4. **Formal Service Plan for In-School Supports** -
 - Child has an Individualized Educational Plan (IEP) specifically for Emotional/Behavioral Disability (EBD) programming. This is defined as special educational support that specifically addresses the emotional and behavioral concerns of the student.
 - Child has an Individualized Educational Plan (IEP) for special education support programming that contains an active Behavioral Intervention Plan (BIP). *Active* is defined as interventions are actually implemented *at least three times per week*.
5. **Substance Abuse Services** - Includes day treatment and outpatient services.

NOTE: The Children's Functional Screen asks about a child's need for "clinical case management and service coordination across systems." This item specifically relates to the Comprehensive Community Services benefit, for which the Children's Functional Screen calculates eligibility. It is **not relevant** to the institutional level of care determination for psychiatric hospital.

For example, children who would MEET Criterion 3 - Involvement with Service Systems:

- A child has an IEP at school for support in the Emotional/Behavioral Disability program and the support he receives is more than three hours per week. *Although he only receives support from one service system, that one service provides more than three hours a week of support.*
- A child not currently receiving any services has a current recommendation by a PhD clinical psychologist to receive intensive in-home treatment for children with Autism that will be more than three hours a week once the programming begins. *This child meets the criteria by requiring a service, based on a doctor's recommendation within the past year, at more than three hours a week, even though she is not currently receiving the service.*
- A child receives psychological therapy once a week and has a BIP in his IEP at school that is implemented daily, approximately 15 minutes a day, but the total time does not amount to three hours a week. *He receives services from two of the eligible service systems.*
- A child whose psychologist recently recommended inpatient care or day treatment, but the family's private health insurance does not cover the cost of care so the family must decline services. *She meets the criteria by requiring a service based on a doctor's recommendation within the past year for more than three hours a week of service even though she is not currently receiving the service.*

For example, children who would NOT MEET Criterion 3 - Involvement with Service Systems:

- A child is on medication for Depression, receives ongoing case management services and attends hour-long mental health counseling sessions on a weekly basis. She sees a psychiatrist twice a month for medication management. *Since Case Management is not an eligible service, she is only receiving Mental Health Services when two different services are required. The Mental Health Services do not amount to more than 3 hours/week.*
- A child has a BIP in her IEP at school that is implemented daily, approximately 20 minutes a day during the transition to/from the school bus, but the total time does not amount to three hours a week. *She has only one service and it is not more than 3 hours/week.*
- A child whose parents want the child to receive intensive in-home treatment for children with Autism, but there has not been an official recommendation for this treatment by a qualified, treating professional. *Recommendations for services must be from a qualified professional, not just parental desire.*

*The Diagnosis, Duration AND Involvement with Service Systems Criteria must be met before considering Criterion 4: Severe Symptomology or Dangerous Behaviors. If Criterion 3 is not met, the reviewer **must stop here**, but may consider levels of care other than Psychiatric Hospital, if appropriate.*

4. SEVERE SYMPTOMOLOGY OR DANGEROUS BEHAVIORS

The child must meet at least **ONE** of the seven Standards (I-VII) described below at the required definition, intensity, duration, and frequency of the behavior and required interventions.

SEVERE SYMPTOMOLOGY (Standards I-IV)

Standard I: Psychotic Symptoms (A AND B)

Psychotic Symptoms are defined as delusions, hallucinations, and/or loss of contact with reality.

- A. Child must currently have psychotic symptoms, or must have had psychotic symptoms at least once in the past three months or at least twice in the past year; AND
- B. Because of psychotic symptoms, child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

Standard II: Suicidality (A AND B)

Suicidality is defined as a serious suicide attempt or significant suicidal ideation or plan.

- A. Child must have attempted suicide once in the past three months or had significant suicidal ideation or plan in the past month; AND
- B. Because of suicidality, child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

Standard III: Violence (A AND B)

Violence is defined as acts that endanger another person's life, and that cause the victim to require inpatient admission to a hospital. Additional definitions include the use of a weapon against another person (e.g., gun, knife, chains, or baseball bat), acts of arson (purposeful fire setting) or bomb threats.

- A. Child must have committed violence at least once in the past three months or at least twice in the past year; AND
- B. Because of commission of violence, the child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

Standard IV: Anorexia/Bulimia (A AND B)

Anorexia/Bulimia is defined as life threatening effects of serious eating disorders, as determined by physician. The child must have malnutrition, electrolyte imbalances or body weight/development below 20th percentile due to the eating disorder.

- A. Child must have exhibited anorexia/bulimia at least once in the past three months or at least twice in the past year; AND
- B. Because of anorexia/bulimia, child must require direct, daily interventions to avoid institutionalization in a psychiatric hospital.

For example, children who would MEET Criterion 4 requirements through one of Standards I-IV:

- A child pulled a knife on a peer in the school cafeteria last month. No one was seriously hurt. Child is receiving therapeutic services on a regular basis to address issues of aggression and violence. *Symptom is current and meets definition of Violence because of use of a weapon. Child is involved in on-going community intervention to avoid hospitalization.*
- A child reveals the suicide pact he has with a friend that was made two weeks ago. The pact spells out exactly how they are going to kill themselves the next time something goes wrong. Child is under a suicide watch both at home and at school. *Plan was made within the last month and meets definition of Suicidality. Child is receiving care in the community to avoid hospitalization.*

For example, children who would NOT MEET Criterion 4 requirements through any of Standards I-IV:

- A child is extremely aggressive and got into many fist fights within the last month resulting in others having to go to the emergency room, but this did not result in admitting victims to the hospital. *This does not meet the definition of Violence.*
- A child has a diagnosis on the Autism spectrum and appears on a daily basis to be disconnected from her environment. She is not considered, in mental health terms, to be hallucinating or out of touch with reality. *This does not meet the definition of Psychosis.*

DANGEROUS BEHAVIORS (Standards V-VII)

The four Dangerous Behaviors categories are:

- High-Risk Behaviors**
- Self-Injurious Behaviors**
- Aggressive and Offensive Behaviors**
- Lack of Behavioral Controls**

Applicable behaviors for Standards V through VII are defined below.

High-Risk Behaviors:

- **Running Away:** Impulsive flight to unsafe locations with the intention of not returning. These are children who will be living on the street if intervention is not provided.
- **Substance Abuse:** Misuse of prescription medications or use of illegal drugs, alcohol or inhalants; substances that can be inhaled from an aerosol can, a cloth, a cotton ball, a plastic bag or balloon, and will cause a mind-altering effect within 2-5 minutes after inhaling. (This does not include use of tobacco.)
- **Dangerous Sexual Contact:** The child is a victim of sexual behavior; intercourse, oral sex, or other genital contact, even if the child willingly engages in the activity. This includes contact with substantially older sexual partners, or strangers, or people met via the Internet.

The three behaviors above must occur *at least*:

- **Once a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, or environmental restraints whenever the behavior occurs; OR
- **Once a month** and require very intense intervention such as police involvement or emergency medical treatment whenever the behavior occurs.

Self-Injurious Behaviors:

- **Self-Cutting, Burning or Strangulating:** Repeated and intentional cutting open one’s skin with a sharp object; repetitive, intentional burning one’s skin with a lighter, candle, or stove; strangulation involving the production of unconsciousness or near unconsciousness by restriction of the supply of oxygenated blood to the brain. (Does not include piercing or tattooing.)
- **Severe Self-Biting:** Repeated, intentional and severe biting by child of child’s own body parts, in attempt to rupture skin. (Does not include biting nails or cuticles or biting lip without intent to injure.)
- **Tearing At or Out Body Parts:** Repeated, intentional and severe picking or tearing at body parts in a manner and degree that is likely to cause severe injury. (Does not include picking at a scab or scratches until a body part bleeds, or hair pulling.)
- **Inserting Harmful Objects into Body Orifices:** Repeated and intentional insertion into body orifices of harmful objects that can tear or puncture the skin.

The four behaviors above must occur *at least*:

- **Once a month** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, environmental restraints, or emergency medical treatment whenever the behavior occurs.
- **Head-banging:** Repeated, intentional and severe banging one’s head against hard surfaces. (Does not include a child who head bangs due to sensory integration or visual/hearing impairments.)

Head-banging must occur *at least*:

- **Four days a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, environmental restraints or emergency medical treatment whenever the behavior occurs.

Aggressive or Offensive Behavior toward Others:

Because of the nature of these types of behaviors as related to early childhood development, ALL of the defined aggressive and offensive behaviors towards others ONLY apply to children **six years of age or older**.

- **Serious Threats of Violence:** Threats to seriously harm or kill one or more other people that are repeated, direct, overt, hostile and perceived by witnesses to be true threats of violence. (Does not include relatively common expressions of anger such as a child who feels he or she has too much homework saying in the cafeteria over lunch, “I hate school, I want to kill my teacher.”)
- **Sexually Inappropriate Behavior:** Sexual behaviors, including sexual activities, comments or gestures, that are not welcomed by others, or sexual molestation or abuse of others. Examples are: aggressive attempts to undress, sexually touch, or have intercourse with others.

- **Abuse or Torture of Animals:** Abusing an animal to find power/joy/fulfillment through the torture of a victim they know cannot defend itself.

The three behaviors above must occur *at least*:

- **Once a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, or environmental restraints whenever the behavior occurs; OR
 - **Once a month** and require very intense intervention such as police involvement whenever the behavior occurs.
- **Hitting, Biting or Kicking:** Pattern of physically aggressive behaviors not explained by the age or lack of maturity of the aggressor and results in serious harm to others.
 - **Masturbating In Public:** Masturbation deliberately done in public places.
 - **Urinating on Another or Smearing Feces:** Intentional urination on another person or intentional spreading of feces onto inappropriate places such as on the floor, walls, or furniture.
 - **Verbal Abuse:** Repeated spoken words presented in a threatening, harassing, or violent manner that may reasonably be expected to cause mental or emotional harm.

The four behaviors above must occur *at least*:

- **Four days a week** and require interventions such as regular professional treatment, constant “within arm’s reach” supervision, environmental restraints, police involvement or emergency medical treatment whenever the behavior occurs.

Lack of Behavioral Controls:

- **Destruction of Property/Vandalism:** Intentional destruction of the property of others including breaking windows, slashing tires, spray painting a wall with graffiti, and destroying a computer system through the use of a computer virus.
- **Theft or Burglary:** Taking the property of another without permission, with or without lawful entry. (Does not include taking property from the child’s own home.)

The two behaviors above must occur *at least*:

- **Four days a week** and require interventions such as constant “within arm’s reach” supervision, environmental restraints or police involvement whenever the behavior occurs.

Standard V: Multiple Dangerous Behaviors (A AND B AND C)

- A. Child must exhibit a defined behavior in at least **TWO** of the four behavior categories consistently during the *past six months* and must reasonably be expected to engage in the behaviors during the *next six months*.

AND

- B. The behaviors must occur at the specified frequency and require the interventions as outlined in the behavior definitions.

AND

- C. The behaviors must be related to the child's mental health diagnosis and must be of a nature and severity that result in psychiatric hospitalization without direct, daily, community-based intervention from others.

For example, children who would MEET Criterion 4 requirements through Standard V:

- A 14-year-old child has a long history of **torturing animals**. Currently he abuses the family dog at least once a week by kicking it across the room while laughing. He requires constant "within arm's reach" supervision when he is around the dog to intervene and stop the behavior to keep the animal safe. He is also actively engaging in **vandalism** within the community several times a week and is involved in an intense 3 hours/week in-home therapy program to address these specific issues. There is no indication that these behaviors will subside within the next six months. *He exhibits two behaviors that meet the required definitions at the required duration, frequency, and intensity.*
- Over the past six months, a child engages in **cutting behavior** which is severe and requires emergency medical intervention when this behavior occurs at least once a month. In addition, she has been **running away** from home once or twice a month and the police are called to find her. All involved support systems believe these are long-term concerns. In order to maintain her safety in the community, she is under a 24 hour watch and there is a community emergency crisis plan in place. *She exhibits two behaviors that meet the required definitions at the required duration, frequency, and intensity.*

For example, children who would NOT MEET Criterion 4 requirements through Standard V:

- A seven-year-old child recently began to engage in the **abuse and torture of animals** once or twice a month and is receiving therapy on a monthly basis to address this issue. *This is the only applicable behavior the child demonstrates.*
- A child uses **profanity** when angry and yells at his parents in this manner on a daily basis but the parents are not being harmed by this behavior. He also **steals** money from his parents on a weekly basis. In addition, he **runs away** from home a couple of times a week although he can always be found at one of his friend's houses. These behaviors are being addressed in family counseling on a weekly basis. *None of these behaviors meet the required behavior definitions.*
- A child **head bangs** daily and the intervention by her caretakers is to ignore the behavior since paying it any attention tends to increase the frequency of it. She also **smears feces** on the wall several times a week. When this happens, she is

given a time out in her room. *These behaviors do meet the required definitions and frequency, but not the required intensity of intervention.*

Standard VI: Dangerous Behavior PLUS Substantial Social Competency Impairment (A PLUS B)

A. Dangerous Behavior

1. Child must exhibit a defined behavior in at least **ONE** of the four behavior categories consistently during the *past six months* and must reasonably be expected to engage in the behaviors during the *next six months*.

AND

2. The behaviors must occur at the specified frequency and require the interventions as outlined in the behavior definitions.

AND

3. The behaviors must be related to the child's mental health diagnosis and must be of a nature and severity that could result in psychiatric hospitalization without direct, daily, community-based intervention from others.

PLUS

B. Substantial Social Competency Impairment

1. The child must either demonstrate a substantial functional limitation in social competency by consistently exhibiting at least **ONE** of the characteristics within the child's age group identified in Appendix A.

OR

2. The child must demonstrate at least **ONE** of the following two School and/or Work issues:
 - a. The child has behavioral or emotional problems resulting in failing grades in the majority of academic classes, truancy from school, expulsion or suspension, or an inability to conform to school or work schedule for most of the day, occurring consistently over the past six months. (Does not include children who are home-schooled.); OR
 - b. The child currently needs in-school supports for emotional and/or behavioral problems as evident by an Individualized Educational Plan (IEP) for Emotional or Behavioral Disability (EBD) programming or an active Behavioral Intervention Plan (BIP). See Criterion 3 (Involvement with Service Systems) for additional instruction.

For example, children who would MEET Criterion 4 requirements through Standard VI:

- Over the past year, a 9-year-old child has **kicked** and **hit** her peers on the school playground multiple times a week. This behavior is being addressed through close supervision during recess and weekly therapy for her Conduct Disorder. Due to this behavior, she does not participate in any group activities and truly prefers to spend time alone. *Her behavior meets the definition, duration, frequency, and intensity as set forth in Standard V and she demonstrates a deficit in social competency.*
- A 16-year-old child made **serious threats of violence** towards others on a monthly basis for the past six months. Police involvement occurs whenever these

threats are made but there has been little change in his behavior. The only approach that works at this time is to severely limit his access to other children. As a result of this behavior as well as other concerns related to his mental health, he is on a limited school day schedule and only attends two hours a day in a specialized one on one classroom setting. He has an IEP that supports this limited day schedule. *His behavior meets the definition, duration, frequency, and intensity set forth in Standard V and he demonstrates an inability to conform to school or work schedule more than 50% of the time.*

For example, children who would NOT MEET Criterion 4 requirements through Standard VI:

- A child **got drunk** several days a week over the summer and has continued to drink excessively with her friends after school at least weekly through the first semester of school. She is attending weekly counseling for alcohol abuse. She generally gets along with people and has not been in serious trouble with law enforcement for her drinking. She is, however, **failing** one of her academic classes and can barely hold it together throughout the school day. *The behavior meets the definition, duration, frequency, and intensity as set forth in Standard V, but failing one of her four academic classes and the inability to hold it together throughout the school day does not meet the definition under School & Work unless she was failing at least half of her academic classes.*
- A child is **aggressive** in both the classroom and at home two or three times a week resulting in the need for caretakers to be “within arm’s reach” at all times and requires in school supports for emotional and behavioral problems. *The behavior does not meet the frequency requirement of “multiple times a week (4 or more)”.*

**Standard VII: Rare and Extreme Circumstances PLUS Dangerous Behavior OR Substantial Social Competency Impairment (Not Applicable for children under six years of age)
(A PLUS B; OR A PLUS C)**

A. Rare and Extreme Circumstances –

The child, six-years-old or older, must meet **ONE** of the following three specific Rare and Extreme Circumstances:

1. Extreme disruptive behaviors when the child is in structured settings that have been demonstrated **daily** for the *past six months* and that require **CONSTANT** (every few minutes) redirection from an adult. Disruptive behaviors may include sliding around a room in a chair, screaming out inappropriate words or phrases, sitting in the center of a room and refusing to move.

OR

2. Severe nightmares or night terrors *at least four times a week* consistently for the *past six months*. These nightmares or night terrors are characterized by repeated frightening episodes of intense anxiety.

OR

3. Being unable to complete routine events (e.g., hygiene tasks, leaving the house, walking on certain pavements, or sharing community equipment with others) throughout the day, **every day**, for the *past six months* due to an obsession. An obsession is a thought, a fear, an idea, an image, or words that a child cannot get out of his/her mind. It does not include self-stimulating or compulsive behaviors. The child experiencing the obsession must be aware of the obsession but not be able to control the influence of his/her own thought patterns.

PLUS
Either B or C

B. Dangerous Behavior	C. Substantial Social Competency Impairment
<ol style="list-style-type: none"> 1. Child must exhibit a defined behavior in at least ONE of the four behavior categories consistently during the <i>past six months</i> and must reasonably be expected to engage in the behaviors during the <i>next six months</i>. <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 2. The behaviors must occur at the specified frequency and require the interventions as outlined in the behavior definitions. <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 3. The behaviors must be related to the child's mental health diagnosis and must be of a nature and severity that could result in psychiatric hospitalization without direct, daily, community-based intervention from others. 	<p>The child must demonstrate a substantial functional limitation in social competency by consistently exhibiting at least ONE of the characteristics within the child's age group identified in APPENDIX A.</p>

For example, children who would MEET Criterion 4 requirements through Standard VII:

- A 7-year-old child was recently adopted from Russia and has a diagnosis of Reaction Attachment Disorder. She isolates herself from her peers and plays primarily by herself. She also is having night terrors, as defined above, every night. *She has one of the rare and extreme, mental health circumstances and a deficit in social competency.*
- A 16-year-old child with Obsessive Compulsive Disorder has severe obsessions regarding germs and washes his hands repeatedly throughout the day. He receives homebound instruction since his obsession over germs restricts him to staying home at all times. He hasn't left home for over a year except for some psychiatric sessions which were very traumatic for him. Due to his restricted lifestyle, he has not developed any self-confidence in social interactions. *He meets one of the rare and extreme, mental health circumstances and has a deficit in social competency.*

For example, children who would NOT MEET Criterion 4 requirements through Standard VII:

- A 10-year-old child is very active and has a difficult time keeping her body still and mouth quiet. She is often off topic and can distract others in the classroom. Typically she is redirected by her teacher or is allowed to briefly leave the classroom every 15 minutes throughout the day. In addition, she has a difficult time transitioning between classrooms. If others are in the hall when she is, she will scream. As a result, the teacher allows her to transition 5 minutes before the rest of the class so she can get where she needs to go before others are in the hallway. *Child has a deficit in social competency but does not meet the rare and extreme, mental health circumstance of extreme disruptive behaviors. Disruptive behaviors must happen at a frequency of every few minutes throughout the day to meet the requirement.*
- A 7-year-old child is very shy. She is withdrawn and does not have a peer that she would call a friend. She is too shy to even ask a teacher a question in school although she will ask her parents questions at home. At school she keeps to herself and prefers to read books rather than play with other kids. She also has a sleep disturbance. She is often awake at night complaining about having a bad dream. She has these bad dreams every night. When she wakes during the night, she will crawl into her parents' bed and fall back to sleep with their comfort. Although she describes the dreams as "bad" dreams, she doesn't recall their content and doesn't appear particularly agitated by them. This has been going on for months and her parents wonder when she will ever sleep the whole night in her own bed again. *Child has a deficit in social competency but does not meet the rare and extreme circumstance of severe nightmares or night terrors. Although she has "bad dreams" she does not have the symptoms associated with this rare and extreme, mental health circumstance.*
- A 6-year-old child with Autism is fascinated with ceiling fans and doors. He watches the fans spin and tantrums when the fans are turned off. He will open and close doors all day long if he was allowed to but can be redirected to other activities throughout the day. He shows no interest in playing with other children or adults and does not play with developmentally appropriate toys. *Child has a deficit in social competency but does not meet the rare and extreme, mental health circumstance of obsessions. Obsessions must restrict the child from completing daily activities and also must be something the child is cognitively aware of but cannot stop doing.*

If Criteria 1, 2, 3 and 4 above are ALL met, the child meets the Psychiatric Hospital (Severe Emotional Disturbance) level of care.

NURSING HOME LEVEL OF CARE
Physical Disabilities

The child with a Nursing Home - Physical Disabilities (PD) Level of Care has a long-term medical or physical condition, which significantly diminishes his/her functional capacity and interferes with the ability to perform age appropriate activities of daily living at home and in the community. This child requires an extraordinary degree of daily assistance from others to meet everyday routines and special medical needs. The special medical needs warrant skilled nursing interventions that require specialized training and monitoring that is significantly beyond that which is routinely provided to children. *The intensity and frequency of required skilled nursing interventions must be so substantial that without direct, daily intervention, the child is at risk for institutionalization within a nursing home.*

A child may be assigned this level of care if the child meets **BOTH of the criteria listed below** for Physical Disability. The criteria are:

1. The child has a **Diagnosis** of a medical/physical condition resulting in needs requiring long term care services; and
2. The child requires skilled **Nursing Interventions and/or has Substantial Functional Limitations** requiring hands on assistance from others throughout their day.

1. DIAGNOSIS

The child has a diagnosis that meets **BOTH** of the following:

- A. The child has a diagnosis of a medical or physical condition that results in long-term care needs. Long-term is defined by the duration of skilled nursing interventions and substantial functional limitations as detailed in Criterion 2 below. Children diagnosed as blind or deaf without another qualifying diagnosis or medical/physical needs do not meet this criterion. Conditions that improve significantly with medical interventions do not meet this criterion even if the diagnosis is a serious condition. This applies to conditions where surgery or treatment results in a recovery or remission as evidenced by a reduced need for skilled nursing interventions or reduced substantial functional limitations as defined below.

AND

- B. The diagnosis must have resulted in the child having needs that brought the child to the long-term support system, that can be addressed only through long-term support services, and that are the direct focus of a home and community treatment plan for the child.

*The Diagnosis Criterion must be met before considering Criterion 2: Skilled Nursing Intervention/Substantial Functional Limitations. If the Diagnosis Criterion is not met, the reviewer **must stop here**, but may consider levels of care other than Nursing Home, if appropriate.*

2. SKILLED NURSING INTERVENTIONS AND/OR SUBSTANTIAL FUNCTIONAL LIMITATIONS

The child must meet **ONE** of the two Standards (I-II) described below.

STANDARD I: Skilled Nursing Interventions PLUS Substantial Functional Limitations

The child must demonstrate **BOTH** a need for Skilled Nursing/Therapeutic Intervention **PLUS TWO** substantial functional limitations (**A PLUS C, OR B PLUS C**):

A. Needs and receives at least **ONE** Skilled Nursing Intervention listed below that must be performed **daily** and is reasonably expected to continue *at least six months*.

OR

B. Needs and receives at least **TWO** Skilled Nursing/Therapeutic Interventions listed below that must be performed at least **weekly** (*or at the frequency noted below*) and are both reasonably expected to continue *at least six months*.

Daily Skilled Nursing Interventions that apply to **BOTH item A and B** above are limited to the following and do not include site care:

- **IV access:** peripheral or central lines for fluids, medications or transfusions. Does not include the use of a port.
- **Tracheostomy care**
- **Oxygen:** oxygen use includes only skilled tasks such as titration, deep suctioning and checking blood saturation levels.
- **Total Parenteral Nutrition (TPN)**
- **Tube feedings:** G-tube, J-tube or NG-tubes
- **Dialysis:** hemodialysis or peritoneal, in home or at clinic.
- **Respiratory treatments:** chest PT, C-PAP, Bi-PAP, IPPB treatments. This does not include inhalers or nebulizers.
- **Wound or special skin care:** only applies if process takes more than one hour a day.

Additional Skilled Nursing/Therapeutic Interventions that can **ONLY** be applied for **item B** above:

- **Bowel or ostomy:** digital stimulation, ostomy site care, changing wafer, and irrigation.
- **Urinary catheter:** straight catheters, irrigations, instilling medications.
- **Physical, occupational, or speech therapy:** only applies if the child is involved in six or more sessions per week with professional therapists.

NOTE: Medication administration for a reasonably stable condition, including topical or oral medication, eye drops, inhalers, nebulizers, growth hormone injections, insulin injections, or chemotherapy, is not considered a skilled nursing intervention.

PLUS

C. The child exhibits **Substantial Functional Limitations** when compared to age appropriate activities in at least **TWO** of the seven specific areas listed below that are reasonably expected to last *at least one year*.

1. **Learning:** A 30% (25% if the child is under one year of age) or greater delay or a score of at least 2 (1.5 if the child is under one year of age) standard deviations below the mean based on valid, standardized and norm referenced measures of aggregate intellectual functioning.
2. **Communication:** A substantial functional limitation in communication is defined as a 30% (25% if under one year) or greater delay or a standard score of at least 2 (1.5 if under one year) standard deviations below the mean on valid, standardized and norm referenced measures of BOTH expressive and receptive communication functioning.
3. **Self Care:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in activities of daily living (self care) to meet a substantial functional limitation based on the child's age. Child must demonstrate a deficit in at least ONE of the following five areas of self care:
 1. Bathing
 2. Grooming
 3. Dressing
 4. Toileting
 5. Eating
4. **Mobility:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in mobility to meet a substantial functional limitation based on the child's age. The inability to run or to move long distances or between environments related to stamina or ease of movement is NOT a mobility deficit.
5. **Social Competency:** Refer to APPENDIX A. This Appendix lists deficits in social skills by age groups that demonstrate a substantial functional limitation in social competency.
6. **Work:** Needs direct, hands-on assistance every day to perform their job, significantly beyond the typical assistance needed by other employees with similar duties to complete their job duties. This applies only to children over 16 years or age.
7. **Meal Preparation or Money Management:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in meal preparation or money management to meet a substantial functional limitation based on the child's age. This applies only to children over 18 years of age.

For example, children who would MEET Criterion 2 - Skilled Nursing Interventions and/or Substantial Functional Limitations through Standard I:

- A 5-year-old child requires oxygen daily and needs frequent monitoring due to being at high risk for alterations in respiratory status. She has been on oxygen for over a year. She is unable to walk and needs to be lifted in and out of the bathtub and placed on/off the toilet. Although she is very independent in other areas of self care, it is expected that she will need assistance from others in bathing, toileting and mobility for a year or longer. *She has one daily skilled nursing*

intervention and two substantial functional limitations (self care and mobility) that meet the duration requirements.

- A 15-month-old child has been tube fed since he was an infant and continues to require g-tube feedings six times/day. He is unable to move himself around his environment except by rolling. Due to his status of being g-tube dependent, he needs assistance in eating; an activity of daily living. Although he continues to make steady progress, he will have deficits in mobility and eating for at least a year. *He has one daily skilled nursing intervention and two substantial functional limitations that meet the duration requirements.*
- A 10-year-old child is dependent on others for cathing several times a day. In addition, she receives six therapy session weekly (2 sessions of Occupational Therapy, 2 sessions of Physical Therapy and 2 sessions of Speech Therapy). By valid testing results, her receptive and expressive communication skills are both delayed by more than 30% and she needs daily assistance in toileting since she is incontinent. She has been cathed by others since early childhood. She has needed and received therapy since she was an infant. Her need for assistance in toileting and her delays in communication are both expected to last a year or longer. *She has two skilled nursing/therapeutic interventions under item B above that occur at least weekly and two substantial functional limitations (communication and self care: toileting) that meet the duration requirements.*

For example, children who would NOT MEET Criterion 2 - Skilled Nursing Interventions and/or Substantial Functional Limitations through Standard I:

- A 6-year-old child requires periodic oxygen use but is otherwise substantially stable and not at risk for frequent changes, and does not need complex nursing interventions. She requires supervision when bathing for safety, needs help getting her clothes on in the morning and assistance wiping herself after a bowel movement but is independent in all other areas. *This child does not have the required skilled nursing needs.*
- A 7-year-old child who has a g-tube that is accessed for administration of medication when he is sick. He receives 2 sessions of speech therapy weekly through school. He is very oral defensive and needs help brushing his teeth. He has a valid, full scale IQ score of 74. *He has two skilled nursing/therapeutic interventions, but neither meet the frequency requirement of weekly. In addition, for the therapy to apply it would need to be at least six sessions per week. He does have substantial functional impairments in two areas (learning and self care: grooming) but does not meet the other requirements for this standard.*

STANDARD II: Substantial Functional Limitations

The child must have substantial functional limitations requiring daily direct hands on assistance in at least **FOUR** of the seven specific areas listed below that are reasonably expected to last for *at least one year*. There is no requirement of skilled nursing or therapeutic interventions for this Standard.

1. **Learning:** A 30% (25% if the child is under one year of age) or greater delay or a score of at least 2 (1.5 if the child is under one year of age) standard deviations below the mean based on valid, standardized and norm referenced measures of aggregate intellectual functioning.
2. **Communication:** A substantial functional limitation in communication is defined as a 30% (25% if under one year) or greater delay or a standard score of at least 2 (1.5 if under one year) standard deviations below the mean on valid, standardized and norm referenced measures of BOTH expressive and receptive communication functioning.
3. **Bathing:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in bathing to meet a substantial functional limitation based on the child's age.
4. **Grooming or Dressing:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in grooming or dressing to meet a substantial functional limitation based on the child's age.
5. **Eating:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in eating to meet a substantial functional limitation based on the child's age.
6. **Toileting:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in toileting to meet a substantial functional limitation based on the child's age.
7. **Mobility:** Refer to APPENDIX B. This Appendix describes the degree of deficit required in mobility to meet a substantial functional limitation based on the child's age. The inability to run or to move long distances or between environments related to stamina or ease of movement is NOT a mobility deficit.

NOTE: Minor to moderate global delays in several of the seven areas listed above does not meet the Substantial Functional Limitation Criterion. A significant delay in an area not listed above, such as a behavioral concern or the inability to participate in extra-curricular activities, also does not meet the required Substantial Functional Limitation.

For example, children who would MEET Criterion 2 - Skilled Nursing Interventions and/or Substantial Functional Limitations through Standard II:

- A 13-year-old boy with advanced muscular dystrophy who is unable to walk or transfer from place to place. He needs hands on assistance from others to bathe, get his clothes on/off and to use the toilet. *Child demonstrates needs in four (bathing, dressing, toileting, mobility) of the seven specific areas of substantial functional limitations.*

- A 9-year-old child with Spina Bifida relies on others to complete her bowel program daily and receives physical therapy twice a week. She has a urinary catheter but can complete the tasks associated with it independently. She is mobile but must use a walker at all times and a wheelchair for long distances. Due to a limited range of motion, she needs help with dressing and bathing. *Child demonstrates needs in four (bathing, dressing, toileting, mobility) of the seven specific areas of substantial functional limitations. Note this child did not qualify under Standard I because her skilled nursing needs do not meet the definitions and frequency requirements.*

For example, children who would NOT MEET Criterion 2 - Skilled Nursing Interventions and/or Substantial Functional Limitations through Standard II:

- A 9-year-old boy in the early stages of muscular dystrophy who falls occasionally, but continues to walk independently and is able to manage daily care functions with minimal assistance or simple home modifications. *Although this child may have needs in multiple areas of substantial functional limitations in the future, he is not demonstrating them at this time.*
- An 8-year-old child with Spina Bifida and a Non-Verbal Learning Disorder has problems with balance, endurance and falls occasionally. She has difficulty with jumping, running and keeping up with peers. She is able to walk independently with the use of leg braces and engages in self-care activities with minimal assistance. Her communication and learning are within normal limits. *This child does not demonstrate any of the seven areas of substantial functional limitation.*
- A 10-year-old child with a cardiac condition and digestive system disorder who requires no skilled nursing interventions and has no substantial functional limitations in learning or communication and attends school most of the time. She has substantial functional limitations in three areas: bathing, grooming, and toileting. While there are delays that interfere with her everyday life in other listed areas, none rise to the substantial level and cannot be used to meet a substantial functional limitation. *This child has only three of the seven areas of substantial functional limitation.*
- A 16-year-old child was in a car accident two months ago. He is recovering well but is not expected to be able to walk ever again. He is able to propel a manual wheelchair and is learning proper transferring techniques. He has a catheter that he is learning to use on his own and he must take suppositories and enemas to help empty his bowels. Currently he needs others to assist him in most activities of daily living (bathing, dressing, grooming, and toileting). Within the next 6 months it is expected that he will be able to regain his independence in all areas except for toileting and mobility. *Only two of the seven areas of substantial functional limitations meet the duration requirement of being expected to last at least one year.*

If Criteria 1 and 2 are BOTH met, the child meets the Nursing Home (Physical Disabilities) level of care.

EXCEPTIONAL CIRCUMSTANCES CRITERIA

Due to the need for nursing home care under the following unique and severe conditions, if a child possesses **ONE** of the five listed criterion, s/he meets a Nursing Home (physical disability) Level of Care:

1. **Terminal condition:** A verified prognosis of death within 12 months from date of review.
2. **Transplant pending:** Imminent transplant within 12 months from date of review.
3. **Stage IV cancer:** Diagnosis occurred no more than 12 months prior to date of review.
4. **Recurrent cancer:** Recurrence occurred no more than 12 months prior to date of review.
5. **Post transplant:** Transplant occurred no more than 12 months prior to date of review.

For example, children who would NOT MEET a Nursing Home Level of Care under this exceptional circumstances criteria:

- A child's family has been told that there is a high probability of future need for an organ transplant but the specific timeframe for that is unknown.
- A child has been diagnosed with a type of cancer that is likely to reoccur or is known to be an aggressive type, but the child is currently in remission.
- A child was diagnosed with recurrence of cancer three years ago from the date of review.

HOSPITAL LEVEL OF CARE Physical Disabilities

A child with a Hospital – Physical Disabilities (PD) Level of Care has needs that are typically met in an in-patient medical hospital setting. The child's medical needs must be chronic, persistent and expected to last at least six months from the date of review. The skilled care needs cannot be acute and of a short-term duration. *The frequency and complexity of the required skilled medical interventions must be so substantial that without these direct, continuous skilled medical interventions, the child is at risk of institutionalization within a long-term, in-patient medical hospital.*

A child may be assigned this level of care if the child meets **ALL THREE of the criteria listed below** for Physical Disability. The criteria are:

1. The child needs **Frequent and Complex Medical Care** that require the use of equipment to *prevent life-threatening situations*; and
2. The child's complex skilled medical interventions are expected to persist for a specific **Duration** of time; and
3. The child's overall health condition must require **Continuous Assessment of an Unstable And Life-Threatening Condition.**

1. FREQUENT AND COMPLEX MEDICAL CARE

The child must need frequent and complex skilled medical interventions that require the use of equipment to *prevent life-threatening situations*. The child's health status must require **BOTH** of the following:

A. The child requires provision of skilled medical care *multiple times* during each 24-hour period.

AND

B. The Complex Skilled Medical Interventions includes **ONE** of the following items:

- **Tracheostomy care**
- **Ventilator care**
- **IV access:** peripheral or central lines for fluids, medications or transfusions. Does not include the use of a port.
- **Oxygen:** oxygen use includes only skilled tasks such as titration, deep suctioning and checking blood saturation levels.
- **Total Parenteral Nutrition (TPN)**
- **Rehabilitation program** for brain injury or coma (minimum of 15 hours per week).
- **Dialysis:** hemodialysis or peritoneal, in home or at clinic.

NOTE: The interventions listed above DO NOT include site care, as that is not a skilled medical task. Tasks that are performed only when necessary (PRN) and are not continuously required do not meet this Criterion.

*The Frequent and Complex Medical Care Criterion must be met before considering Criterion 2: Duration. If the Frequent and Complex Medical Care Criterion is not met, the reviewer **must stop here**, but may consider levels of care other than Hospital, if appropriate.*

2. DURATION

The child has one of the skilled medical interventions from Criterion 1 and that intervention is expected to be required consistently for *at least **six months***.

*The Frequent and Complex Medical Care AND Duration Criteria must be met before considering the Criterion 3: Continuous Assessment of Unstable and Life-Threatening Condition. If Criterion 2 is not met, the reviewer **must stop here**, but may consider levels of care other than Hospital, if appropriate.*

3. CONTINUOUS ASSESSMENT OF UNSTABLE AND LIFE-THREATENING CONDITION

The child's overall health condition must be highly unstable and present the constant potential for complications or rapid deterioration. As a result, the child requires continuous assessment by professional nurses, parents, or others properly instructed to detect potential life-threatening situations, respond promptly and render appropriate care, and perform emergency procedures.

A child under seven years of age or a child with substantial functional impairment in consciousness, cognition, or communication, may require a greater degree of continuous assessment by others than a typically developing child or a child over seven years of age.

For example, children who would MEET a Hospital Level of Care if their skilled medical care interventions were expected to last for at least six months from the date of review:

- A child in an in-home coma recovery program or traumatic brain injury rehabilitation program for a minimum of 15 hours per week of comprehensive interdisciplinary rehabilitation treatment.
- A child who requires positive pressure ventilation 24 hours a day, seven days a week in which a machine delivers some or all breathes to the lungs. This does not include children who require continuous or intermittent positive airway pressure aides such as a C-PAP or Bi-PAP with which the child still breathes independently.
- A child requiring tracheostomy care such as suctioning the tube multiple times a day to keep the tube from clogging with mucus and inhibiting the child's ability to breath. This **ONLY** meets the Hospital level of care if the child is either under seven years of age or is an older child who is unable to communicate distress to others.

- A child with a substantial cognitive impairment and a diagnosed respiratory condition that produces excessively thick mucus that frequently compromises the child's ability to breathe. As a consequence, the child must receive deep suctioning multiple times a day.

If Criteria 1, 2 and 3 above are ALL met, the child meets the Hospital (Physical Disabilities) level of care.

Appendix A: Social Competency

Social competency includes children's ability to form relationships, interest in and skills needed to maintain positive relationships with adults and children, ability to understand the perspective and feelings of others, and skills needed to get along well in a group setting (for example, conflict resolution skills).

A child has a substantial functional limitation in social competency if the child consistently exhibits **ONE** of the following characteristics within the child's age group.

6 - 11 months old

- Does not offer a social smile to immediate family.
A social smile occurs in response to a noise, something within baby's sight or another person's smile.
- Does not calm down within a half an hour when soothed by a parent.
Unable to respond to comforting actions from familiar adults.
- Does not enjoy being picked up and held by family members.
Stiffens and arches his/her back when picked up.

12 - 17 months old

- Does not demonstrate separation anxiety.
Does not become upset or cry when primary caregivers/parents leave.
- Does not show an interest in what others around them are doing.
Ignores other people in his/her immediate environment.
- Does not want to play near or be with immediate family members.
Prefers to be alone rather than near those s/he trusts.

18 - 23 months old

- Does not play simple interactive games (e.g., So Big, Peek-a-Boo, Pat-a- Cake).
Does not respond to other's attempts to engage in playful exchange.
- Does not enjoy interacting with immediate family members.
Does not like family time looking at books, listening to songs, or rough and tumble play.
- Does not like to be around other children.
Prefers to spend time alone even when other children are around.

24 - 35 months old

- Does not make sure his/her parents are nearby when exploring new places.
Approaches new environments without fear or caution.
- Does not enjoy interacting with non-family members.
Would prefer to avoid trusted adults or children outside of his/her immediate family.
- Does not show an interest in a variety of toys.
Does not enjoy playing with a number of toys designed for his/her developmental level.

3 years old

- Does not parallel play with other children.
Is not comfortable playing with similar toys next to other children.
- Does not assume different roles in play.
Does not engage in make believe or pretend play (e.g., pretends to play a mom, dad, cat or dog).
- Does not play in group games with adult supervision.
Will not play games lead by trusted adults such as hokey pokey, circle games, or Simon says.

4 - 5 years old

- Does not take turns in play.
Does not share toys, or wait for his/her turn in a group game.
- Does not insist on trying to do things independently.
Willingly allows others to help him/her in all activities throughout the day.
- Does not have an awareness of another child's need for help or feelings.
Does not recognize when another child is happy, sad or hurt.

6 - 8 years old

- Does not identify one special friend.
Will play with anyone but does not have a best friend.
- Does not participate in groups at play.
Prefer to play by himself/herself rather than be part of a group.
- Does not seek information or assistance from parents or teachers.
Does not ask for help (verbally or non-verbally) or seek information from a trusted adult.

9- 11 years old

- Does not make transitions from one activity to another without disrupting others.
Unable to make transitions without having his/her discomfort affect others in the group.
- Does not question rules or punishments viewed as unfair.
Unable to express his/her sense of unfairness or simply doesn't care when things are unfair.
- Does not control his/her temper in disagreements with other children.
Cannot disagree with peers without escalating into a temper tantrum or running away from the situation.

12 - 13 years old

- Does not maintain a friendship with at least one person
Does not demonstrate the interpersonal give-and-take necessary to keep a friendship.
- Does not express an interest in spending time with similar aged peers.
Isolates himself/herself from peers.
- Does not show concern for the feelings of friends.
Does not notice another person's feelings and offer care or comfort.

14 - 17 years old

- Is not self confident in social situations.
Is not comfortable enough to express his/her opinion in everyday peer interactions.
- Does not assert social autonomy from parents.
Does not make decisions about interests, activities or ideas independent from his/her parents.
- Repeatedly does not avoid situations that are likely to result in trouble.
Gets involved in situations that have caused trouble in the past or does not avoid peer pressure in going along with a bad idea.

18 - 21 years old

- Does not show respect for other people.
Does not get along with a variety of people, use pro-social manners, and show gratitude towards others.
- Does not demonstrate the capacity for intimacy with another.
Has not established close relationships that are open, honest, caring and trusting.
- Does not avoid situations that may get him/her into trouble.
Makes unhealthy and unsafe decisions concerning drinking alcohol, using drugs, safe driving, safer sex, use of the internet, and other comparable situations.

Appendix B: Activities in Daily Living - Substantial Functional Limitations

A substantial functional limitation is a child's inability to perform daily functions without extensive, hands-on assistance significantly beyond the age at which similar aged peers typically require such assistance. This assistance must be needed by the child to complete the task or function at all, rather than to complete the task better, more quickly, or to make the task easier.

In order for a limitation to be considered a substantial functional limitation, it must:

- be the direct result of the child's disability; and
- be exhibited most of the time; and
- result in the child needing extensive, direct, hands-on adult intervention and assistance beyond the level of intervention similar aged peers typically require in order to avoid institutionalization.

In addition, the child must:

- require this assistance consistently, and
- require this assistance for at least the *next 12 months*, and
- require this assistance to complete the function across all settings, including home, school and community.

A child has a substantial functional limitation in an activity of daily living category (e.g., Bathing, Grooming, etc.) if the child exhibits at least **ONE** of the specific substantial functional limitations listed under the category for the child's particular age group.

NOTE: Not all activity of daily living categories apply to every age group due to developmental milestone variations of typically developing children.

DEFINITIONS OF THE ACTIVITY OF DAILY LIVING CATEGORIES:

Bathing: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene (does not include hair care). For older children (over 12 years of age), this also includes the ability to get in and out of the bathtub, turn faucets on and off, regulate water temperature, wash and dry fully.

Grooming: The ability to brush teeth, and wash hands and face. Due to variations in hair care by culture, length of hair, etc., hair care is not to be considered.

Dressing: The ability to dress as necessary. This does not include the fine motor coordination for buttons and zippers.

Eating: The ability to eat and drink by finger feeding or the use of routine or adaptive utensils. The ability to swallow sufficiently to obtain adequate oral intake. This does not include cooking food or preparing it for consumption such as cutting food into bite size pieces or pureeing it.

Toileting: The ability to use a toilet or urinal, transferring on/off a toilet, changing menstrual pads, and pulling pants up/down.

Mobility: The ability to move between locations in the individual's living environment. For children, this includes home and school. Mobility includes walking, crawling, or wheeling oneself around at home or at school. For functional eligibility purposes, mobility does not include transporting oneself between buildings or moving long distances outdoors.

Transfers: The physical ability to move between surfaces: e.g., from bed/chair to wheelchair, walker or standing position. This excludes transfers into bathtub or shower or on and off the toilet, because those are captured in bathing and toileting category.

Meal preparation: The ability to make simple meals for him/herself. Examples include soup, frozen dinner, macaroni and cheese, sandwich, or a bowl of cereal.

Money Management: The ability to manage one's own basic financial matters. Examples include making purchases at a store, writing a check or using a credit card, and pay bills.

SUBSTANTIAL FUNCTIONAL LIMITATIONS BY AGE GROUPS WITHIN ACTIVITY OF DAILY LIVING CATEGORIES

Birth - 5 months old

Dressing

Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia or extreme hypertonia.

Eating

Requires more than one hour per feeding.

Receives tube feedings or TPN.

Requires more than three hours per day for feeding or eating.

6 - 11 months old

Bathing

Needs adaptive equipment.

Dressing

Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia or extreme hypertonia.

Eating

Requires more than one hour per feeding.

Receives tube feedings or TPN.

Requires more than three hours per day for feeding or eating.

Mobility

Unable to maintain a sitting position when placed.

Unable to move self by rolling, crawling, or creeping.

12 - 17 months old

Bathing

- Needs adaptive equipment.
- Becomes agitated requiring alternative bathing methods.

Dressing

- Has physical characteristics that make dressing very difficult, such as contractures, extreme hypotonia or extreme hypertonia.

Eating

- Requires more than one hour per feeding.
- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

- Unable to pull to stand.
- Unable to sit alone.
- Requires a stander or someone to support the child's weight in a standing position.
- Unable to crawl or creep.

18 - 23 months old

Bathing

- Needs adaptive equipment.
- Becomes agitated requiring alternative bathing methods.

Dressing

- Does not assist with dressing, such as helping to place arms in sleeves or legs into pants.

Eating

- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

- Requires a stander or someone to support the child's weight in a standing position.
- Uses a wheelchair or other mobility device not including a single cane.
- Unable to take steps holding on to furniture.

24 - 35 months old

Bathing

- Needs adaptive equipment.
- Becomes agitated requiring alternative bathing methods.

Dressing

- Does not assist with dressing, such as helping to place arms in sleeves or legs into pants.
- Unable to pull off hats, socks, or mittens.

Eating

- Receives tube feedings or TPN.
- Requires more than three hours per day for feeding or eating.

Mobility

Requires a stander or someone to support the child's weight in a standing position.
Does not walk or needs physical help to walk.
Uses a wheelchair or other mobility device not including a single cane.

Transfers

Needs to be transferred.

3 years old

Bathing

Needs adaptive equipment.
Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).

Grooming (brushing teeth, washing hands and face only)

Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).

Dressing

Does not assist with dressing, such as helping to place arms in sleeves or legs into pants.
Unable to undress self independently.

Eating

Receives tube feedings or TPN.
Requires more than three hours per day for feeding or eating.
Needs to be fed.
Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

Has no awareness of being wet or soiled.
Does not use toilet/potty chair when placed there by a caregiver.

Mobility

Does not walk or needs physical help to walk.
Uses a wheelchair or other mobility device not including a single cane.

Transfers

Needs physical help with transfers.
Uses a mechanical lift.

4 - 5 years old

Bathing

Needs adaptive equipment.
Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
Needs to be lifted in and out of bathtub or shower.

Grooming (brushing teeth, washing hands and face only)

Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
Unable to wash hands.

Dressing

Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

Receives tube feedings or TPN.

Requires more than three hours per day for feeding or eating.

Needs to be fed.

Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

Incontinent during the day (of bowel and/or bladder).

Needs physical help (other than wiping).

Mobility

Does not walk or needs physical help to walk.

Uses a wheelchair or other mobility device not including a single cane.

Transfers

Needs physical help with transfers.

Uses a mechanical lift.

6 - 8 years old

Bathing

Needs adaptive equipment.

Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).

Needs physical help with bathing tasks.

Needs to be lifted in and out of bathtub or shower.

Needs step-by-step cueing to complete the task.

Lacks an understanding of risk and must be supervised for safety.

Grooming (brushing teeth, washing hands and face only)

Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).

Unable to wash hands.

Needs physical help with grooming tasks.

Needs step-by-step cueing during grooming tasks.

Dressing

Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

Needs help with tube feedings or TPN.

Needs to be fed.

Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

Incontinent during the day (of bowel and/or bladder).

Incontinent of bowel during the night.

Needs physical help, step-by-step cues, or toileting schedule.

Mobility

Does not walk or needs physical help to walk.

Uses a wheelchair or other mobility device not including a single cane.

Transfers

Needs physical help with transfers.

Uses a mechanical lift.

9 - 11 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with bathing tasks.
- Needs to be lifted in and out of bathtub or shower.
- Needs step-by-step cueing to complete the task.
- Lacks an understanding of risk and must be supervised for safety.

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with grooming tasks.
- Needs step-by-step cueing during grooming tasks.

Dressing

- Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

- Needs help with tube feedings or TPN.
- Needs to be fed.
- Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

- Incontinent of bowel and/or bladder.
- Needs physical help, step-by-step cues, or toileting schedule.

Mobility

- Does not walk or needs physical help to walk.
- Uses a wheelchair or other mobility device not including a single cane.

Transfers

- Needs physical help with transfers.
- Uses a mechanical lift.

12 - 17 years old

Bathing

- Needs adaptive equipment.
- Is combative during bathing (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with bathing tasks.
- Needs to be lifted in and out of bathtub or shower.
- Needs step-by-step cueing to complete the task.
- Lacks an understanding of risk and must be supervised for safety.
- Exhibits non-compliant behavior that is extreme to point that child does not perform bathing tasks for at least 5 or more consecutive days.

Grooming (brushing teeth, washing hands and face only)

- Is combative during grooming (e.g., flails, takes 2 caregivers to accomplish task).
- Needs physical help with grooming tasks.
- Needs step-by-step cueing during grooming tasks.
- Exhibits non-compliant behavior that is extreme to point that child does not brush their teeth for at least 5 or more consecutive days.

Dressing

Needs physical assistance with getting clothing on. This does not include fasteners such as buttons, zippers, and snaps.

Eating

Needs help with tube feedings or TPN.

Needs to be fed.

Needs one-on-one monitoring to prevent choking, aspiration, or other serious complications.

Toileting

Incontinent of bowel and/or bladder.

Needs physical help, step-by-step cues, or toileting schedule.

Mobility

Does not walk or needs physical help to walk.

Uses a wheelchair or other mobility device not including a single cane.

Transfers

Needs physical help with transfers.

Uses a mechanical lift.

18 - 21 Years Old

Same as above for 12 to 17-year-olds with the addition of the following two activities of daily living.

Meal Preparation

Needs help making simple meals for self (e.g., soup or a sandwich)

Money Management

Needs help with managing money (e.g., using debit card).